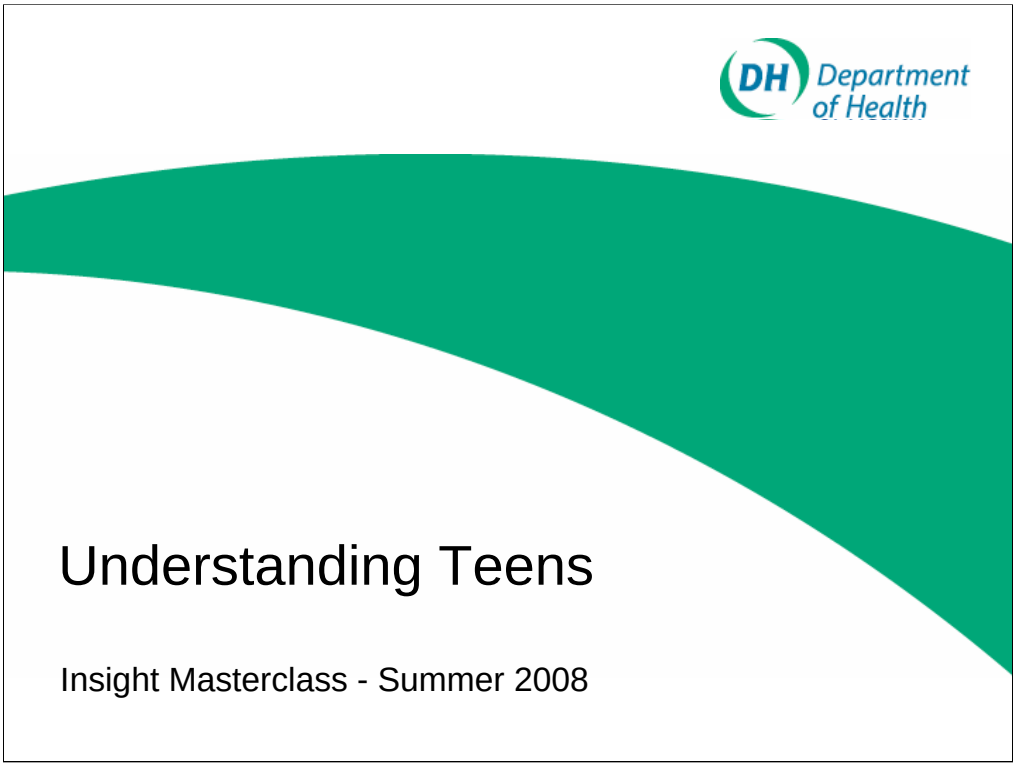

This presentation is the third in a series of Masterclasses run by the Planning and Insight Department of the Department of Health. The Masterclasses focus on specific target audiences for health campaigns; the first Masterclass was on Routine and Manual Workers, the second on Ethnic Minority Communities.

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The objectives of the Masterclasses are to bring together insights from a range of sources, to adopt a holistic approach to understanding these target audiences and to bring the audience to life. They are not intended to provide a comprehensive review of health data, but rather to stimulate thinking about how best to get health messages across to these specific groups.

This document provides a written commentary which summarises and broadens the presentation content and has been produced by Anna Thomas (Define) and Stephen Hooker (COI).

The Masterclasses have been commissioned by COI on behalf of the Department of Health.

Speakers

- Stephen Hooker, COI
- Amanda Anderton, Research Director, 2CV
- Anna Thomas, Research Director, Define

This document is a hand out from a presentation made by Stephen Hooker of COI in conjunction with representatives from the research agencies 2CV and Define who have carried out the majority of the work from which the findings are drawn.

The document that follows shows the charts as presented, with notes underneath giving a commentary which it is hoped will clearly represent the Teen World in the UK.

Agenda for today

Teens Today – Spotlight on the Decade 13-19s	Stephen Hooker, COI
Rich Insights – Inside the Teen World	Anna Thomas, Define Amanda Anderton, 2CV
Teens and DH – Summing up and Discussion	All, led by Richard Bowyer, DH

The presentation of these findings was divided into two sections – Teens Today which was presented by Stephen Hooker, and Rich Insights, presented by Anna Thomas and Amanda Anderton.

The original presentation was followed by a discussion led by Richard Bowyer of the Department of Health. That discussion is not recorded within this document.

Sources of Insight

- FRANK cocaine campaign development campaign (2CV)
- Youth Knife Crime Segmentation (Define)

} HO

- Tackling negative perceptions of CYP (2CV)
- Underage Alcohol Consumption (Define)

} DCFS

- HPV communications development campaign (2CV)
- In-resort Sexual Health communications development 2CV
- Respiratory and Hand Hygiene (Define)

} DH

- Sexual Health strategy, creative development and social marketing studies including Teen Contraception, Want Respect, Youth Sexual Health Social Marketing, Chlamydia (Define) - DCFS and DH

- 14-19s Educational Reforms (Define)
- Specialised Diplomas Development and Naming (Define)
- Student Finance studies (Define)

} DfES/DIUS

- Attitudinal study of career choices (FRS) - Define
- Creative development for Army and Royal Marines communications strategy (Army & RM) - Define
- Fireworks (DTI) - Define
- Range of studies for fmcg, media, entertainment brands
- Recruitment for Armed Forces - Define
- ROAR and RYPE panel work – 2CV
- Young adult's financial needs and issues (FSA) – 2CV

There are many sources of data consulted for this presentation on Teens in the UK.

Above is a list of the main sources of work conducted by 2CV and Define.

These studies have been commissioned by a range of departments and organizations, including COI and DH, and focus on teen experience from a variety of different angles.

This document attempts to draw from these various studies something of the holistic Teen World and to present the findings in a coherent picture.

Teens Today – Spotlight on the Decade

Teen Age

- We’re focusing on those between 10 and 20, with an emphasis in insight on the teens (13-19)
- It’s a life-stage which is characteristically inward-looking, self-referencing, rebellious, disengaged from traditional authority & reframing health and moderation messages

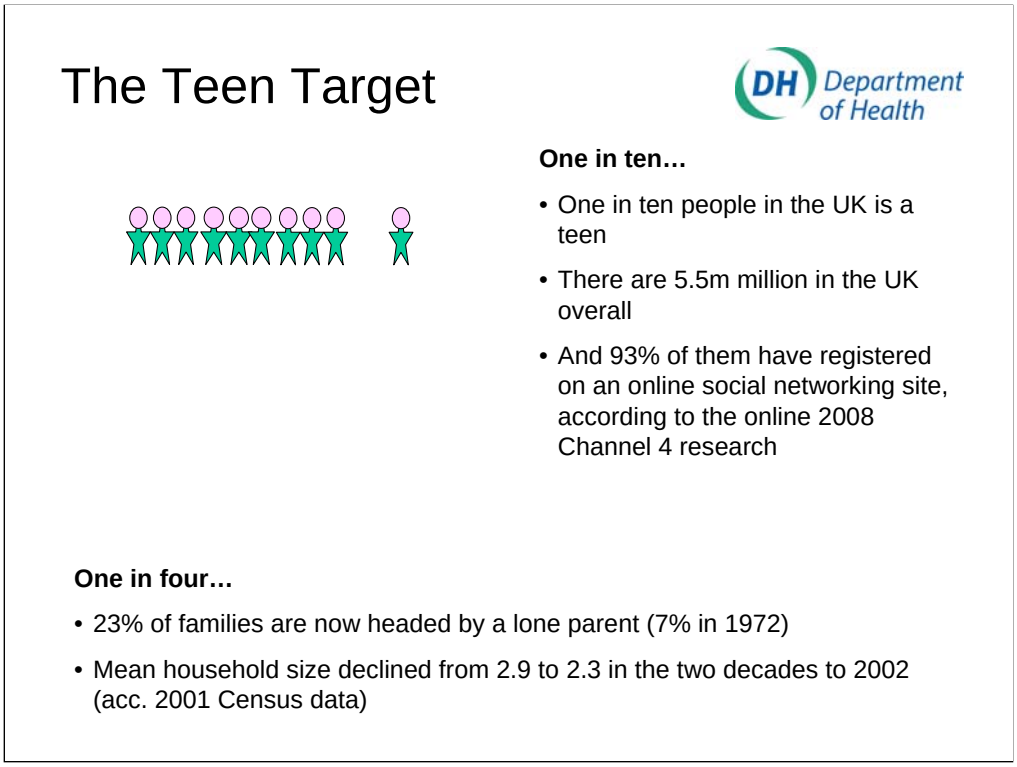
The decade under consideration is the portion of the target audience between the ages of 10 and 20 years old.

We are particularly interested in the period of puberty and teen age – the 13 to 19 stage – when life experiences and physical and emotional development challenges are at their most complex.

The teen ‘age’ is characterised and sometimes stereotyped by behaviours – inward-looking and strongly self or peer referencing, disengaging from adult interventions and (importantly for DH) rejecting messages that seem to intend to regain control over their lives. It is the ‘Whatever’ Generation.

This is a stage, when experimental behaviour – trying new things and pushing boundaries to establish identity norms – may mean higher levels of health risk.

The challenge is to understand and communicate with a group who may need information from us more than ever before in their lives, but who reject (more than at any other time) our presence.



One in ten of the population of the UK is a teen, which means that we are considering a target audience of almost six million people.

They are a diverse group with many diverse interests, but they are very media (and new media) savvy. Nine in ten of them have registered with an online networking site in the past.

Almost a quarter of families are now headed by a lone parent, and mean household size is decreasing: teens are finding themselves in smaller and smaller family units, with one parent at the head of the table.

The economic impact and the effect on protective psychological and social factors of such demographic changes may already be manifesting themselves. Define and 2CV have conducted a range of studies and information which help to bring insights into today's teen world.

Teen Health Risks – the reality

Department of Health

- Obviously, teens would argue that they themselves are not 'at risk' – it won't happen to me… However, the stats show a worrying picture

physically

- 40% of 13 and 14 year olds who have had sex were drunk or stoned when they first had sex
- 54% of all conceptions among young women in 2000 resulted in a termination (increase) *ONS 2007*
- Average weekly intake of alcohol by school age children more than doubled 1990 – 2006

emotionally

- 2/3 of young people do not feel they belong to their neighbourhood
- About 20,000 young people attempt suicide each year *(MIND Factsheet, 2007)*

Although it is tempting to argue that some characteristics of teens lend themselves too easily to a stereotyped perspective, the statistics around certain health risks do indicate that the Department of Health has a challenge to address.

The risks are physical and psychological for teens – four in ten of the youngest sexually active teens were either drunk or stoned when they first had sex (*Schools Health Education Unit, 2007 -Young People into 2007*) for example, and the average weekly intake of alcohol by school aged children has more than doubled in the past fifteen years *(National Centre for Social Research for the NHS Health and Social Care Information Centre/Home Office 2007 - Drug Use, Smoking and drinking among Young people in England)*.

The impact of community fragmentation is also noted, with two in three young people claiming not to feel they belong to their neighbourhood. Suicide attempts in England and Wales run to approximately 20,000 each year (*Ipsos MORI survey for Youth Justice Board*, 2007).

In particular, research shows that 16 young people every year kill themselves specifically because of school-based bullying and that suicidal young men are significantly more likely to have an absent father, *according to a study commissioned by Norfolk Council in 2008.*

Looking at teenagers in terms of their tribal affiliations (whether that be fashion, music, geography) is always in vogue. Channel 4's research team has created a 'tribal' video which segments the audience according to CURRENT fashions and tastes e.g. *Townies, Indie Kids, Trendies*.

However, the pace of change in the teen world is swift: reference points change overnight; what was cool last week is un-cool this week. Teens play catch-up to follow trends, at the same time as they subvert and reframe existing trends to escape the media brand identities that commercial companies try to overlay on their culture.

Thus "youth tribes" are a useful but ephemeral descriptor: almost by the time we understand who is represented, the trend is passed and the next tribal identity is already forming.

How do we move away from descriptions of behaviour to a deeper understanding of the teen decade and what engages and motivates it? How can we move from a segmentation of the youth audience by issue to a synthesis that delivers insights across the audience? The following document attempts to do just this.

Department of Health

Rich Insights – Inside the Teen World

We start by considering the way in which teenagers are perceived by the rest of society.

Specifically, we would like to start by considering the impact that the widely-held (and predominantly negative) view of teenagers today has on the way they see themselves.

Perhaps more importantly, we would like to consider briefly the impact this might have on their propensity to engage with the specific risk behaviours that concern the Department of Health.

A bleak vision of teens today

"A dumbed down, superficial, violent and oversexed generation, living in a culture of confused values, perverse morality and over-stimulation"
2CV

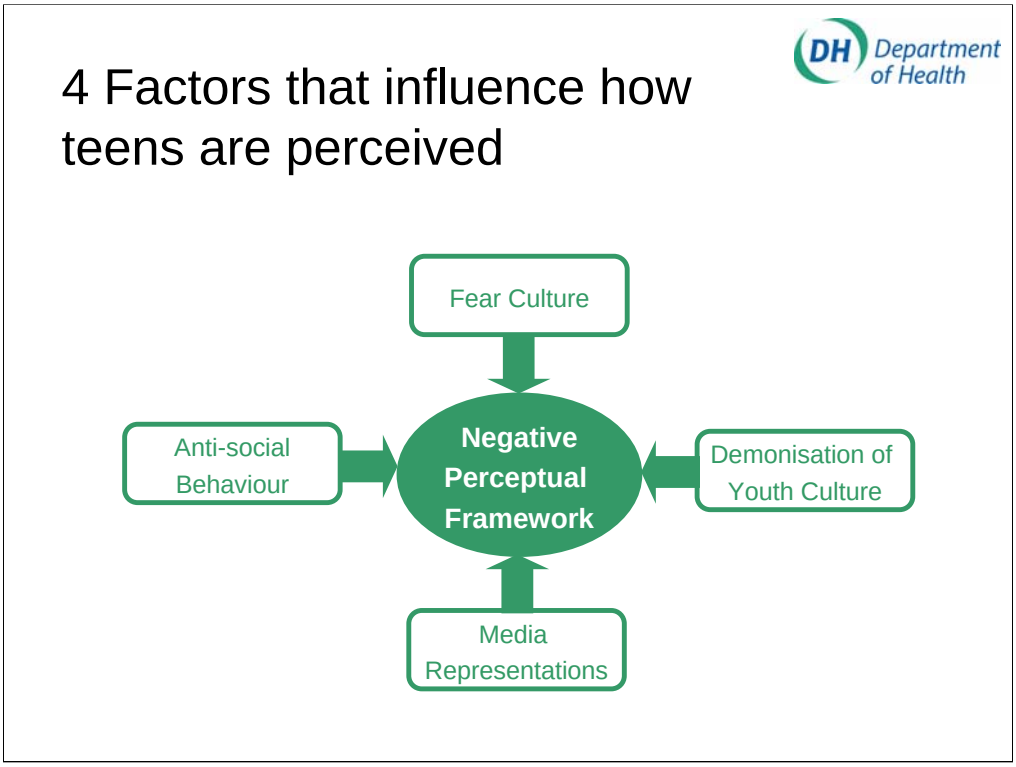
It may be startling, but perhaps not surprising, that many of the immediate associations of teenagers today are negative.

In recent research amongst adults and young people (*DCSF, 2CV 2008)* about Adult perceptions of young people, there was a clear and damning stereotyped perception of teens as:

> *"A dumbed down, superficial, violent and oversexed generation, living in a culture of confused values, perverse morality and over-stimulation" (2CV).*

Despite being recognisably based on a minority group of teenagers, these powerful and immediate associations tap into a demonised and abstract notion of a 'faceless youth' – one that has become a repository for all that is seen to be 'wrong' with teenagers today (and in some cases, all that is 'wrong' with society today).

For many adults (including parents, young pre-family, empty nesters), and especially those for whom an experience of the wider community of teenagers is limited, this 'faceless youth' acts as an indiscriminating and emotive device for making sense of all teenagers. In many cases, the stereotype can override their experiences with real teenagers in daily life.



Teenagers are acutely aware of how they (as a group) are perceived by adults. This contributes to a lowered sense of self-esteem (they often report feeling targeted and demoralised) and has a direct impact on their behaviour. The framework colours how teenagers are widely perceived by adults, but also critically, informs how teenagers see themselves and each other.

The negative perceptual framework includes 4 factors:

- The demonisation of youth culture
- The UK as a culture of fear
- The way our media (esp. national press) represents teens
- Conflicting perceptions of risk behaviour

Evidence from research *(Home Office, Define 2007)* into Youth Knife Crime indicates how fear of dangerous teens fuels an upward cycle of knife-carriage. Further work *(Home Office, 2CV 2008),* shows that some motivations for taking cocaine amongst 16-24 year olds are based on the 'self-fulfilling prophecy' and normative belief of negative teen behaviours (an *'everyone thinks we do it, so why not?'* mentality).

The Demonisation of youth culture

Department of Health

Demonisation is nothing new!

Youth is a much bigger, scarier generation

CYP rebelling against youth culture

To criminalise or satirise

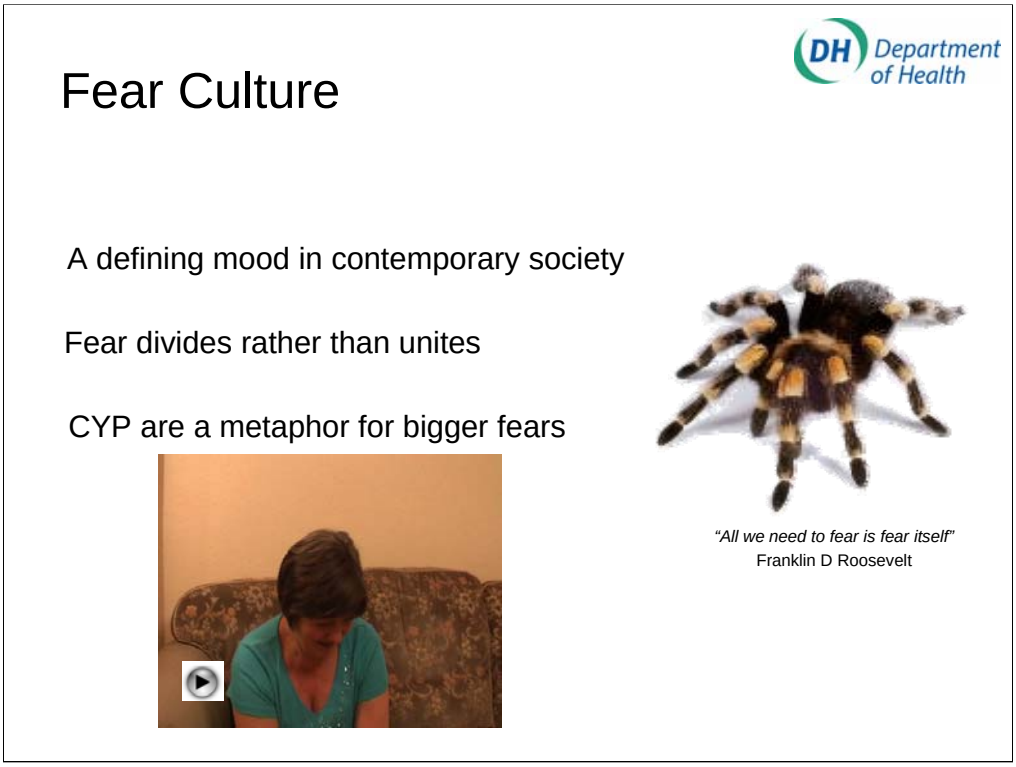
Links to Save The Hoodie campaign
& music video by Lady Sovereign
http://www.youtube.com/watch?v=7bzVqsqM0QY
http://www.savethehoodie.com/site.php

What started with Stanley Cohen's *Mods and Rockers* conflict in the 60's has escalated. Like Parkas and leather jackets then, the symbols of 'hoodies' and tracksuit 'chavs' represents modern-day folk devils – teens are demonised on an unprecedented scale.

Simultaneously, 'Youth' as a property is appropriated. Envied and coveted by all, youth culture is worshipped, 'adults' follow teen trends in music and fashion and adopt the same behaviours as teens themselves (e.g. social networking). Generational boundaries blur as media and brands target a 'spending youth' in their 20s and 30s (creating an aggressive picture of 'Teen Rebellion' more dominant, more powerful and more scary a generation than they really are).

The real teen generation is forced to strive more strongly to differentiate itself. Real teen rebellion is starting to take a new and paradoxical form – rebellion against 'youth culture' itself!

In an attempt to disentangle themselves from adult appropriation, the desire to push boundaries further and to engage in newer risk behaviours is likely to be increased.



Much has been written about the onset of a *'fear culture'* in the West which we see in the way our teens feel about the society they live in and in the way our society feels about its teens. The impact on health is clear.

'Cotton-wool' parenting (higher socio-economic group parents driving their children to and from leisure pursuits) is a response to this fear. Encouragement of sedentary (in-home) behaviours are borne of a fear of allowing children to 'free-roam' in the local neighbourhood. Both of these lead to lower activity levels that deliver an increase in child and teen obesity levels. (Youth-on-youth crime experienced on public transport and reported in the media fuels the sense of risk)

Equally, the fear of social exclusion and/or bullying leads some to opt-in unwillingly to drug-taking, binge-drinking or sexual activity.

Fear as a cultural phenomenon is a big issue, but it sets a framework for teenage behaviour. Teens are often a metaphor for our biggest fears (personal and societal) but by fearing teens, we reinforce a circle of exclusion and negative behaviours that drives teens into the arms of risky health choices.

Media representations of youth

Hidden codes in the media

Either angels or devils

Must be bad to be good

Helpless and hopeless

Of course, media representations of teens isn't wholly negative. However, a semiotic analysis (*DCSF, 2CV 2008*) of the way the national press represents teenagers reveals (especially in the tabloid press), sensationalist headlines and an emphasis on negative teen behaviours.

The absence of positive stories featuring teens is notable and adds to the overriding sense of teen condemnation.

The hidden 'codes' within media coverage unveils powerful (and potentially useful) frameworks for how teenagers are presented. Teens are:

- either devils or angels
- needing to transform (e.g. 'hoodies' to 'squaddies')
- helpless and hopeless

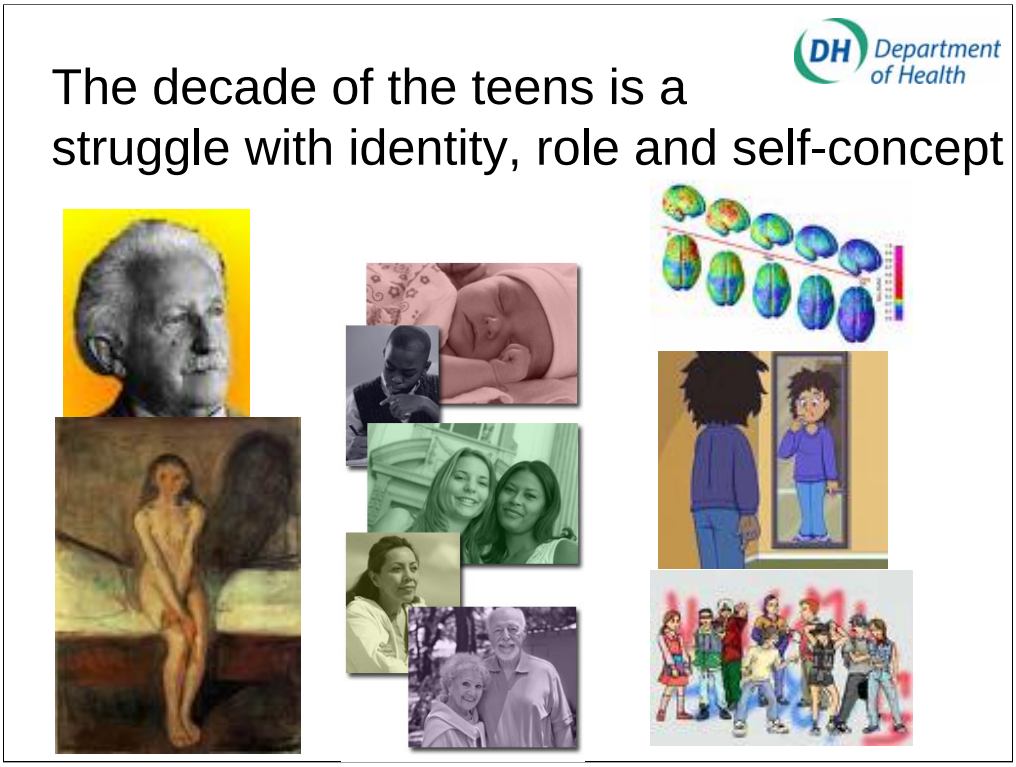
The labelling of many social issues as specific 'teen' issues (e.g. binge-drinking, knife-carrying, STIs and Ketamin use) serves to normalise these behaviours as typical teen choices. Critically, the lack of 'real' teens in the media is of particular concern.

As already mentioned, taking risks is an implicit part of being a teenager. For many teenagers, many behaviours (e.g. smoking, drinking, experimenting with drugs) are perceived as a simple rite of passage or 'gateway behaviour'.

The danger of highlighting the behaviour DH may wish to address is that it not only serves to affirm these issues as prevalent in the eyes of the adult population, but it increases the desire to engage with them amongst teens themselves.

An increasing sense of disenfranchisement from traditional authority and adult 'control' leads teens invariably to turn their backs on adult systems and authorities (education, Government, the police etc).

The successes of – for example - *FRANK* (drugs) and the '*WANT RESPECT'* campaign (condom usage) are testament to how an informed and non-dictatorial approach to Government-'branded' communications can have a powerful and credible impact.

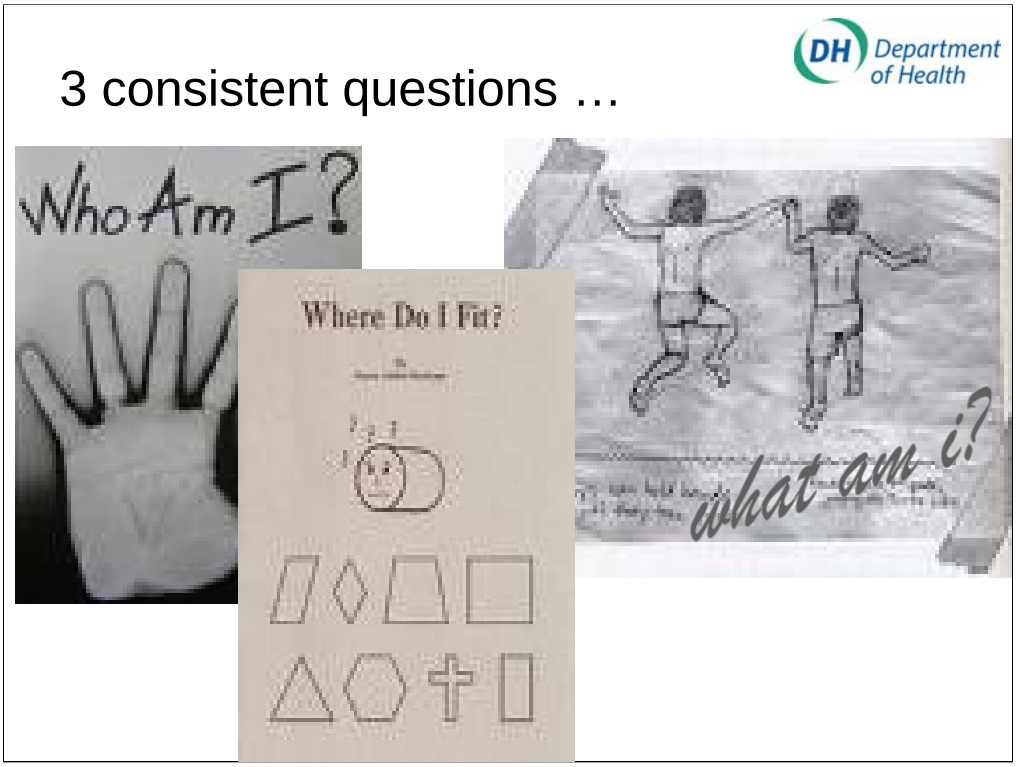


Beyond both the demographic statistics of teen risk behaviours and the sociological factors creating the particular manifestation of what constitutes rebellious or risk behaviour in our Western society, lies the psychological drivers of the teen themselves.

The psychologist, Erik Erikson, identifies the development of the human being through eights stages from cradle to grave. Each of those stages is associated with a specific shift in psychological focus.

Of particular relevance is the connection to brain maturation of the teens' decade. From approximately aged 13 to approximately aged 18, the onset of puberty, the young person experiences a struggle with Identity, Role and Self-Concept.

Changing physically and emotionally, seeking to establish self-boundaries with some peers - and differences from others, teens seek to answer the same three questions



Who am I?

What am I?

Where do I fit in?

As the psyche is being formed, and these three questions are starting to be answered, rules and parameters take on huge significance importance.

This is a time of experimenting with *intentional* fitting in (or fitting out): teens are both highly conservative (*I can't wear this – I'll stand out like an idiot)* and highly individual *(I just want to do my own thing)*. However, even Rebellion has its own rules *("18 hole Doc Marten's NOT 24 hole").*

Tribal affiliations are sought and normative marking behaviours (whether 'healthy' or 'risky') are adopted. The pressure is on for all young people to find a tribe, to be accepted and part of a crowd.

The extremes of behaviour to which some young people will go in order to fit in – including piercing, tattoos, risky sexual behaviours (such as offering unprotected anal sex) and, of course, smoking – are all well-recorded.

Similarly, the emotional traumas and the physical bullying and self-punishment that teens experience when they can't or don't fit-in highlight the power of this development need.

The choices that teens make in this decade can last far-longer than the friendship group itself. The consequences of how they 'fit in' can shape their health outcomes for the rest of their lives.

Department of Health

Who am I?

Finding Personal Power and Control

It's all about the money
A digital media generation
All the rights and none of the responsibilities

Money, digital media, a Human Rights agenda – all defining aspects of modern British life.

Taking the first question of Erikson's questions, the *Who am I?* of teen age, we look at how teens respond to these aspects and how they are used by the teen generation to seize personal boundaries and help the formation of identity.

According to the 2006 Halifax Pocket Money Survey, the average weekly amount for 12-16 year olds is £9.76. Typical spend for a 15 year old is cigarettes, alcohol, phone credit, drugs, sweets, crisps.

Driven by the need to fit in with a group of peers, the importance for teens of buying 'stuff' and affording shared experiences cannot be over-stated. Badges of tribal culture are created sometimes by youth and sometimes by youth advertising (the 15-24 year age group being more marketed to than any other group). The shopping list might include trainers, but might equally be to share low-cost, high calorie foods like 'Chicken n chips' after school *(Define Teen Reporters Study 2008).*

Importantly, for many young people, money is not a goal in itself. In the task of **negotiating power** away from adults, it is a key tool. Money enables teens to access the most important things: a sense of belonging and a sense of power. It is a gateway to 'adult' life, fun and freedom.

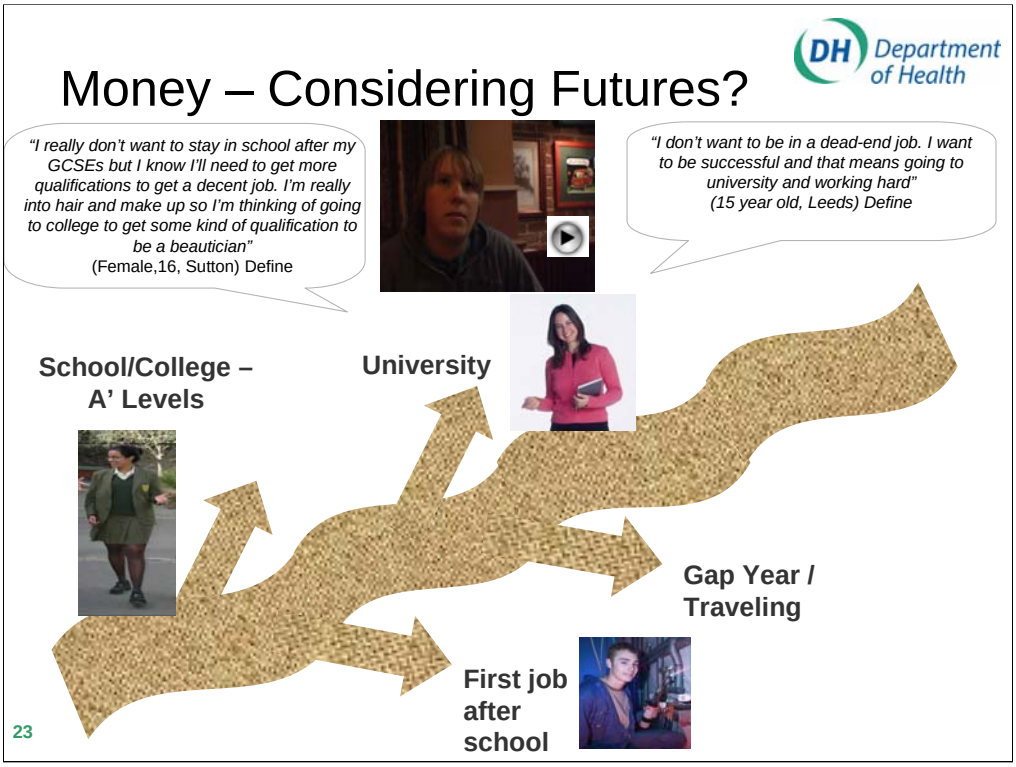
The health implications of buying the lowest common denominator choices of a group on a low 'income' are obvious. Alco-deals ("3 tins for a tenner") visibly exploit this *(DCSF, Define 2008 -Youth Drinking).*

Affording experiences is a challenge which teens work creatively to meet: 14's-17s underage drinkers demonstrate much effort in planning how to get the most for their money (scoping out promotions, pooling funds etc). *(DCFS, Define 2008 - Youth Drinking)*

Drugs sellers diversify to take account of teen/low budget requirements 'kiddie portions'. Dealers create diverse means of ensuring cocaine is affordable for very young teens – buying one line at a time or doing £10 wraps. *(Home Office, 2CV 2007 - FRANK campaign development)*.

Pre-16, there are some – but not many - routes to money. Some work Saturday jobs. For teens who are financially disenfranchised, anti-social behaviour and low-level crime come into play. Shoplifting and petty theft is the only route towards belonging. *(Home Office, Define 2007 - Youth Knife Crime).* In terms of getting hold of cash, some teens are driven to access money through selling drugs. The range of individuals who take this route is wide including some who reject drugs for themselves (young Muslim males).

Whilst American gang culture is not attractive to all teens, for the poorest minority, it represents a group they can afford to affiliate to – where actions (risk behaviours) are 'free' or low cost. There is a sense of fame, notoriety and belonging through committing risk behaviours - selling drugs, carrying knives and guns, violence. (The subversion of the ASBO into a badge of honour is a clear reflection of this).



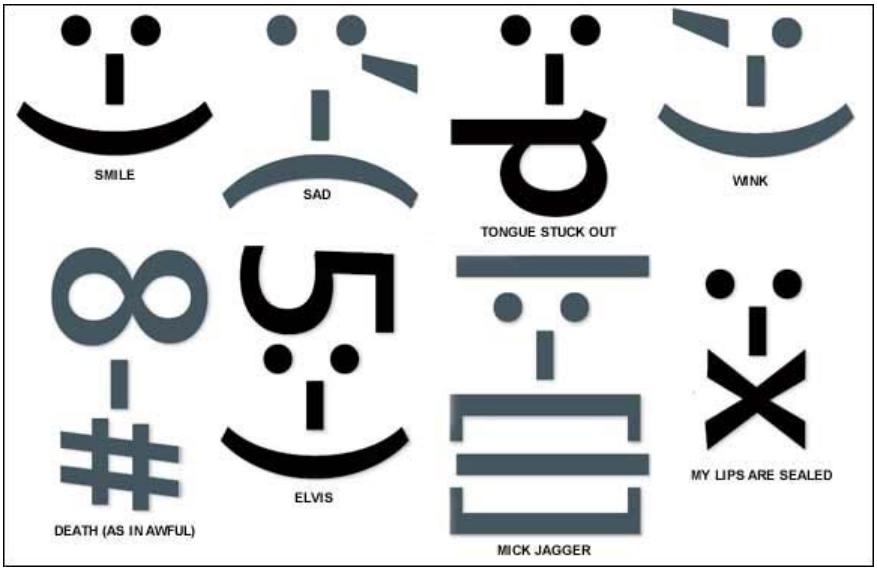
Of course, there is a trade-off between gratification now and later and how this impacts on health choices. Young people are able to relate in great detail the information they have been given from PHSE lessons *(always use a condom, alcohol affects the liver, smoking gives you cancer).*

However, the time-frame for considering choices and consequences is (naturally) much shorter: teens evaluate in the 'here and now' - or in the next six months – more so than in the future. *(DCSF, Define 2008 - Youth Drinking)*

However, the stage of experimentation and risk coincides with a time *(DfES, Define 2007 – Student Finance)* when teens are making other life choices:

- to drink/take drugs/drop out
- to go to University (with a high exposure to unprotected sex, drinking and a strong drug culture)
- to take EMA (Education Maintenance Allowance) and continue at school
- to take an apprenticeship
- to become a mum (with a benefits-led income)

Digital Media – a means of privacy



The Millennials or Generation Z have grown up in a world of technology. They don't remember a time when fixed lines or even phone boxes were the norm. Communications are personal, ownable, instant. This is not new news to anyone.

They are moving from email and text to msn and now MoSoSo - the next big teen trend - it lets you use your mobile phone to surf the web, share photos and videos, network and even locate your friends using Global Positioning Software (GPS). There may be implications for **health messaging on the move**.

Digital space provides privacy for teens who have increasingly less access to public space. By going virtual, digital technologies allow youth to (re)create private and public youth space. Instant Messenger serves as a private space while MySpace provides a public component. Online, youth can build the environments that support youth socialization.

Of course, digital publics introduce a much broader group of peers. While radio and mass media did this decades ago, MySpace allows youth to interact with this broader peer group rather than simply being fed information about them from the media. This may be beneficial for marginalized youth, but its effect on mainstream youth is unknown. Certainly, there are risks that adults cannot control – or even evaluate.

Professor Sonia Livingston, a social psychologist at the London School of Economics who studies young people and the internet.

"There is something striking about the average teen now having 75 friends rather than five."

One consequence, she sees, is that *"there has been a profound shift in how young people view intimacy. They now see it in terms of being connected to a community of peers. The feeling can be just as intense and private, but it is distributed, rather than individual."*

The health risks of such technologies are hard to think about. Teens meet in cyber-space unregulated with the opportunity for strong counter-voices to health messages - for example the 'pro-ana' websites. Teens see others achieving a level of publicity (as in the Bridgend suicide sites) that they can't find in real life. Social Networking sites have triggered significant public concern for child welfare, according to the Child Exploitation and Online Protection Centre (*CEOP report 2008)*.

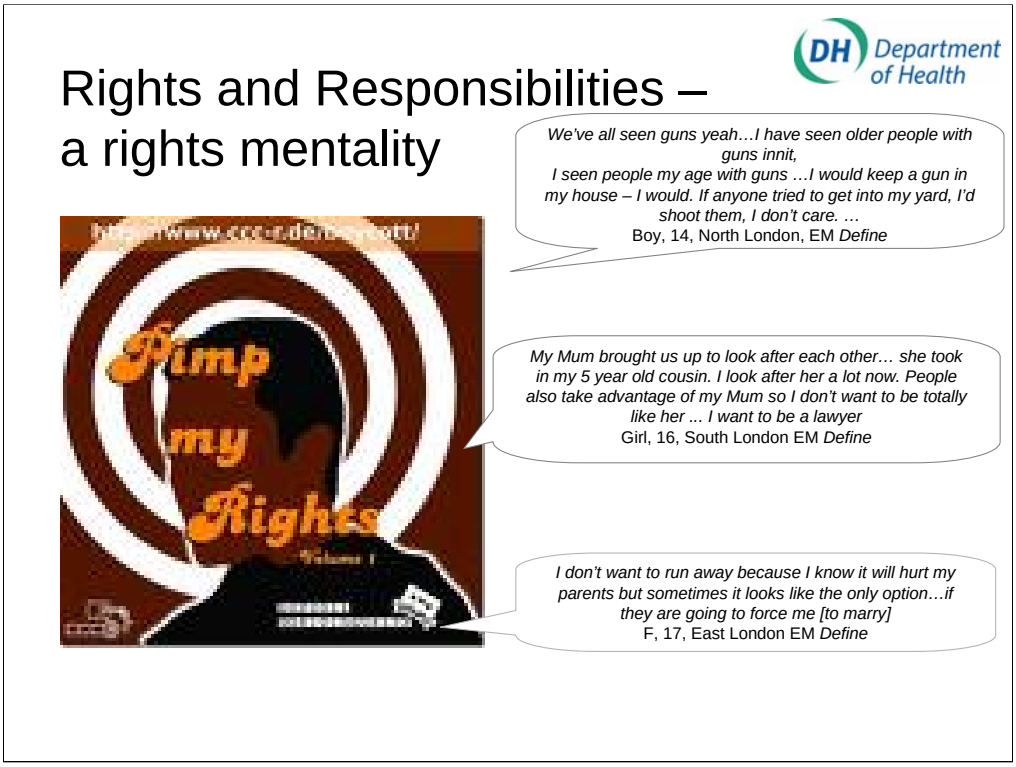
Despite having more people and more ways to talk, teens today are as lonely as they have ever been. Rates of mental health problems among children increase as they reach adolescence. Disorders rise to affect 12.8% of boys and 9.65% of girls aged 11-15 (*National Statistics Online, 2004 - Mental Disorder More Common In Boys).*

Digital media also provides a distinct channel for 'liberating' sexual information from the marital bed. Playboy is now a mainstream logo of choice for teen and pre-teen girls bedrooms, jewellery, clothing and even pencil cases.

However, in 2007, two sixteen year old boys were arrested in Scotland for making a pornographic film of a fourteen year old girl and sharing it round friends by Bluetooth. The Sex Education Forum reports (2007) that almost half of British kids online have been exposed to porn, a third have received unwanted sexual comments via email, text, chat-rooms and MSN. Almost a quarter of 12-16 year olds have seen porn online.

The tone and content of the material impacts on the shaping of sexual identity and the expectations around sexual behaviour norms *(DH, Define 2008 – Sexual Health Social Marketing/Teen Contraception).*

Porn stars in school uniforms are docile, compliant sexual creatures – not a strong messenger of sexual equality – and without a condom in sight. Physical sexual health is a clear example of a health issue for young people that arises where commercial interests and technology lead the debate. Emotional and psychological health impacts follow.



Dr. Jean Twenge, professor of psychology at the University of San Diego, believes that youth are increasingly narcissistic, and incapable of acknowledging others' points of view or circumstances. This is based on her analysis of the data from a standardized narcissistic personality inventory, in which respondents score themselves against statements such as "I think I am a special person." Analyzing data from published reports, Twenge concluded that the average college student is 30 percent more narcissistic in 2006 than was the average student in 1982.

It is not clear why this might be, but the implication (and the experience of many working in positions of authority with young people – teachers, police, employers) is that the scales have shifted very much towards a 'rights' dialogue (and away from a 'responsibility agenda').

Male police officers are 'not allowed' to search teen girls so drugs, knives, booze are hidden in the female's clothing - a victory over 'the pigs'. Teachers are 'not allowed' to touch their pupils – a fact young people are acutely aware of but which makes exclusion a more frequent punishment (effectively, a denial to education and a huge impact on life and health outcomes).

The 'rights dialogue' could potentially be used to more powerful effect to address health challenges. Where a 'young person's right to access sexual health clinics' (irrespective of age) is emphasised, self-efficacy increases *(DH, Define 2008 – Sexual Health)*

As we touched on earlier, there is an ever-increasing gulf between teens and the adults / adult world they perceive around them.

This has possibly always been the case, but it would appear that a shared understanding of what constitutes respect does not exist anymore (adults expect to receive it and teens expect adults to earn it).

This gap is something that is widely recognised and experienced by teens and adults alike. Young people (in an attempt to pull away from the encroachment on their culture by ‘young’ older adults) create more and more impenetrable sub-cultures to own.

Because of this, and connected to the pressures of working society, lone parenthood and family fragmentation, adults and young people increasingly lack connection and positive interaction. Changes in legislation and cultural norms have led to an underlying power struggle based on a perception that teens have power over adults and that adults feel increasingly disempowered and ill-equipped to deal with teen behaviours and attitudes.

Without a platform to air these issues, a mutual disrespect exists. Where does information, wisdom and guidance come from?

Department of Health

What am I?

Understanding Physical Identity

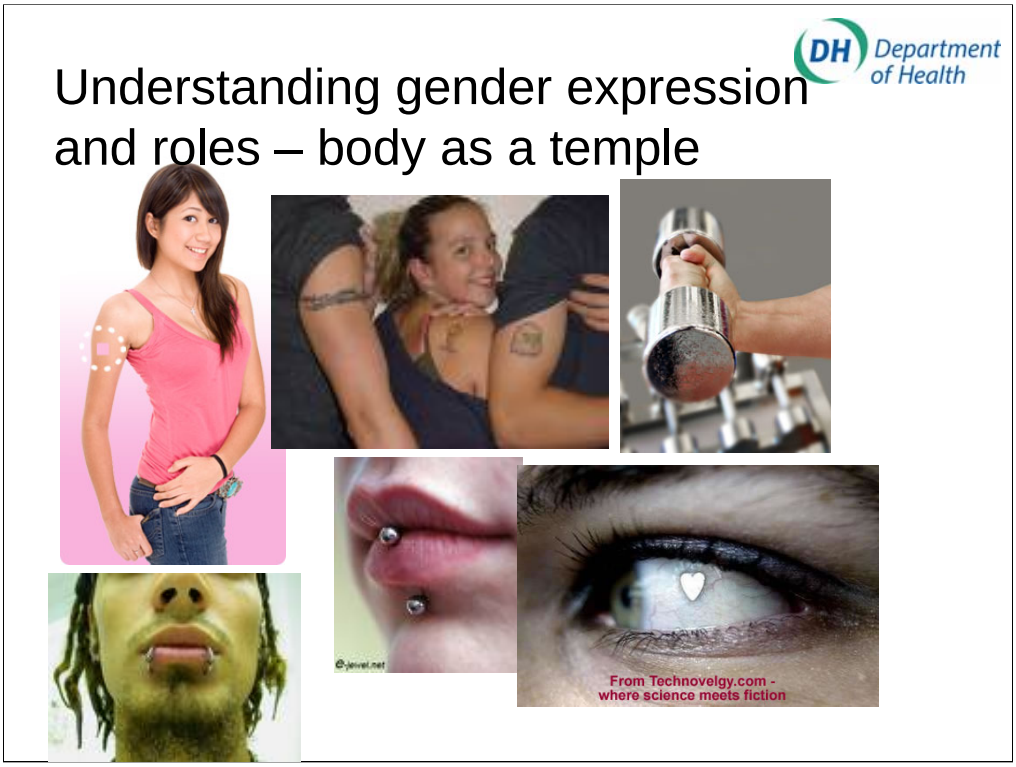
Gender expression and roles
Changing family norms
Managing mental and emotional wellbeing

The expression of gender (what behaviours are appropriate for males and for females) and the roles connected to gender (active/passive, breadwinner/home maker, driver/passenger) are complex but ingrained in any society.

The family norms in the UK are fast-changing – with family fracture, divorce, single parenthood, household size altering.

The expectations and pressures from the outside world, and the relief that is sought from such pressures – all these elements impact on the formation of Identity.

In this next section, we have chosen to look at how teens answer the question – What am I? - what kind of person am I and what kind of physical markers define me?

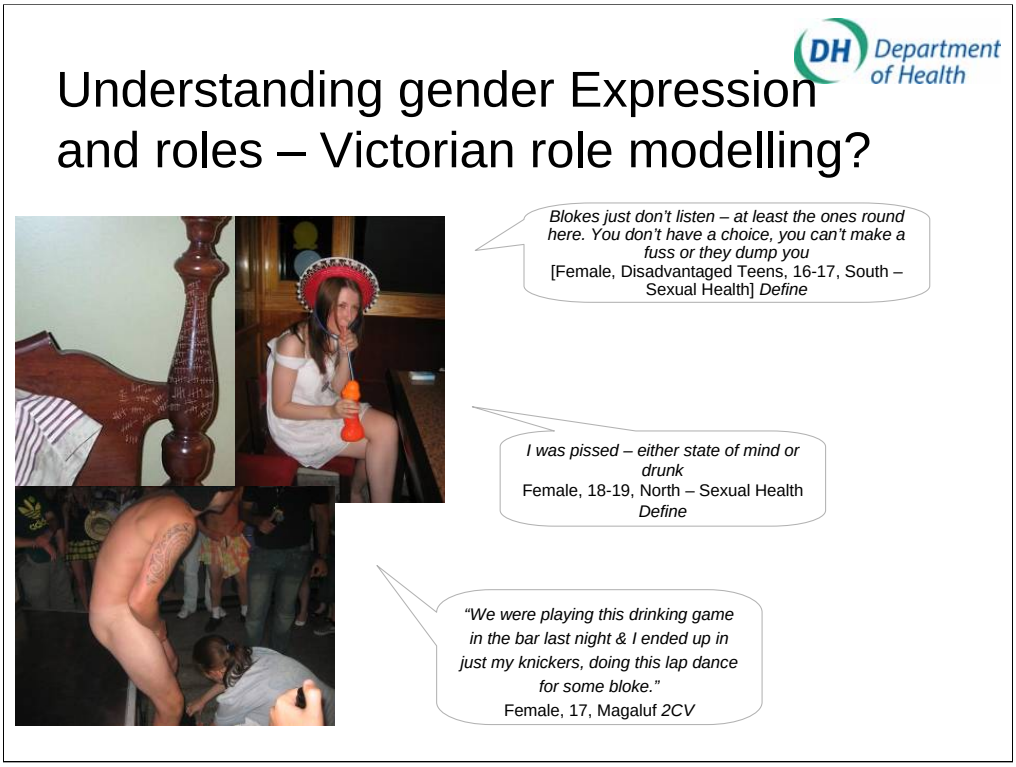


Teen bodies are ‘transition bodies’ – obviously moving from child to adult and subject to a range of developmental milestones. In terms of establishing identity in relative physical terms, there is an obvious imperative towards adult role models of beauty and ‘norm’ since this is the ‘destination’ – there are few teen Barbie or teen Ken dolls.

Academic research indicates that a girl who reaches puberty before her peers is negatively affected in self-confidence, whilst for boys, the person who reaches puberty last suffers the consequence. For those who don’t fit into adult types in terms of gender roles, gender alignment or sexual orientation, there is also a challenge. Gender expectations and biology are inseparable.

Smoking research (*DH, 2CV 2004*) highlighted possible damage to erectile function was the most feared consequence of smoking for young men as was damage to the skin for young women under 17. The risk of sexual underperformance from drugs was powerful for teen males and females at the 13-16 ages *(Home Office, 2CV 2007 - FRANK campaign development)*, as are female infertility risks from chlamydia (*DH, Define 2007 - Chlamydia Research*).

Teenagers across the age range commonly equate beauty with health. This is reinforced by product claims of brands where ‘healthy looking’ is an accepted product claim over and above true health.



Despite the emancipation of genders, when looking for cues about gender roles, young males and females are very much still in the Victorian age. Teenage girls still perceive the role of women in society to be largely passive. By contrast, they still perceive the role of males to be more aggressive.

This is very clearly acted out in negotiating sexual health choices around initiating sex, rejecting sex, using condoms and so on. Notches on the bedpost *(DH, 2CV 2007 - In-resort Sexual Health)* encourages and applauds multiple conquests - for the males, but not for the females.

Girls have concerns around preserving their reputation and were keen to present an image of being sensible and measured in their attitudes towards and behaviour around sex.

Alcohol is facilitator of sexual activity and unsafe sexual choices (and an excuse for the females – permitting them to take part without taking responsibility *(DH, Define 2008 – Sexual Health).* This limits their capacity to discuss or insist upon condoms.

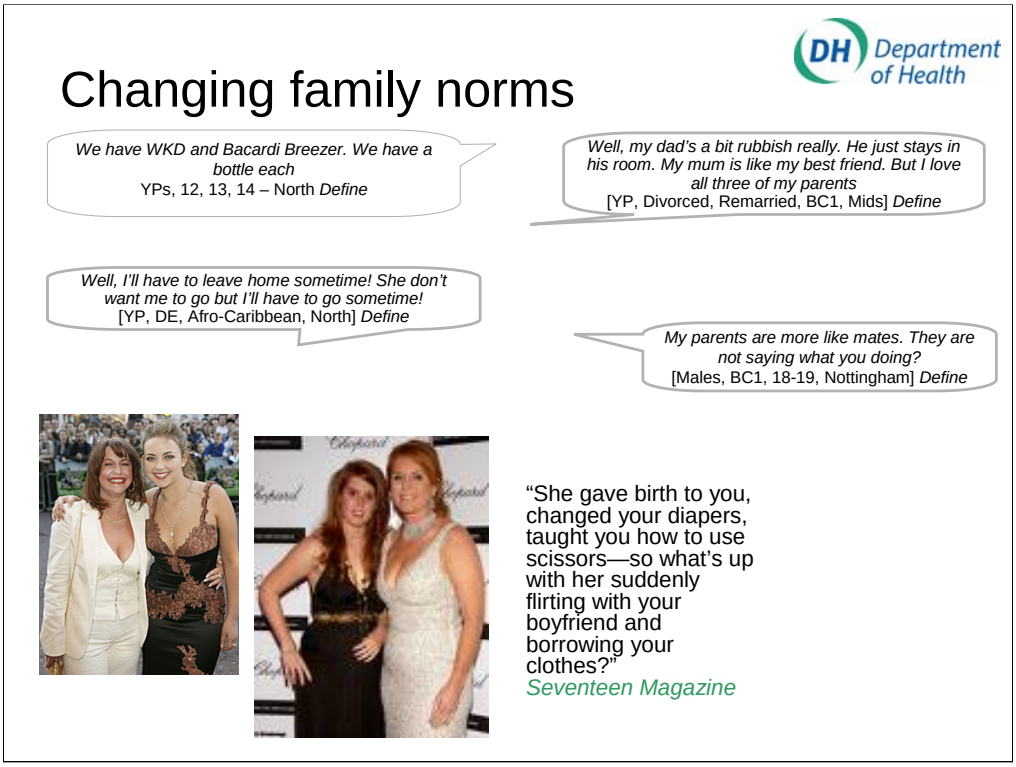
Male sporting role models are acceptable but not necessarily accessible. Athletes, movie stars, even underwear models undermine young men's vulnerable sense of self-worth.

Research by DrugScope has revealed that steroids - once the preserve of bodybuilders and nightclub bouncers - are now increasingly used by young men.

However, for boys, sport can be a valuable outlet. Several studies *(Home Office, Define 2007 - Youth Knife Crime; DCFS, Define 2008 -Youth Drinking; Home Office, 2CV 2007 - FRANK campaign development)* show that young people learn through sport where to draw the line in physcial contact as well as finding pleasure in physical fitness. This reduces interest in non-healthy pastimes (drinking/smoking).

The issue of sports is more tricky for girls. Sporting role models for girls are either missing or rejected. Following a longstanding legacy, female sporting role models are often rejected as calling sexuality into question (Sporty Spice vs Posh Spice).

Lately, development of *Wii* and *Dance Mat* as well as programmes like *Dancing on Ice, Strictly, So You Think You Can Dance* are creating new avenues for young women to be more physically active.

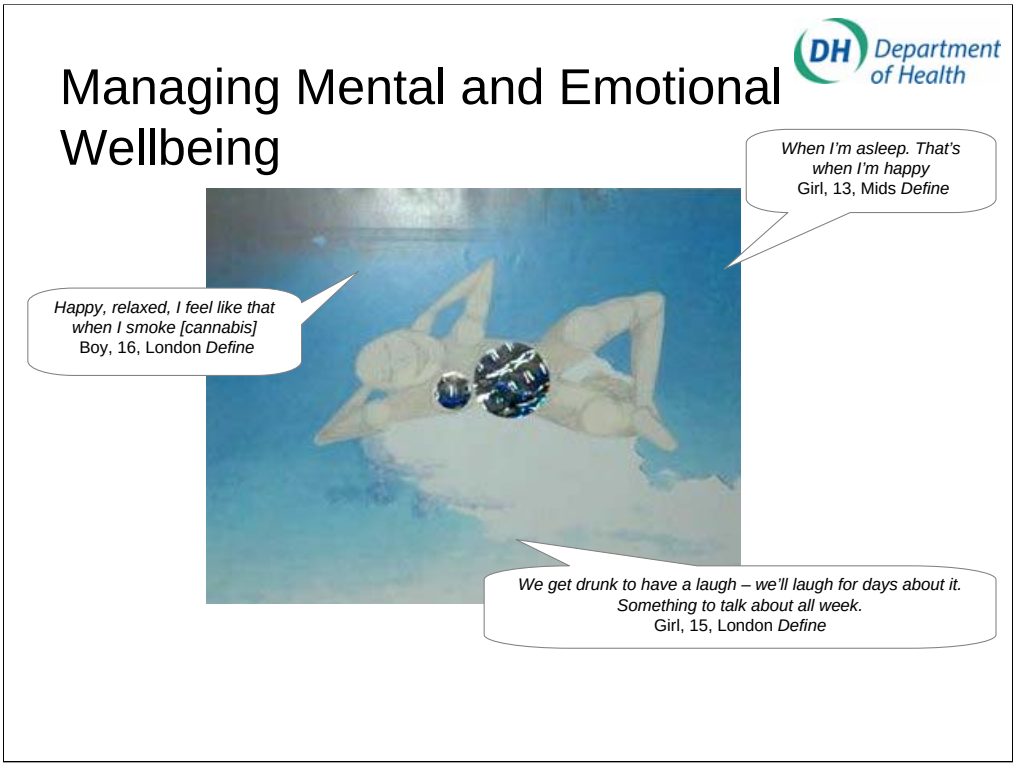


As touched upon, the boundaries between generations are blurring – partly as a result of brands and media targeting of the 'spending youth' partly as an attempt for adults to hold onto their youth through their kids and partly as response to their own austere childhood (giving them what they never had).

Accelerated maturation (of young people) and accelerated de-maturation (of adults) is leading to a world where parents are not wanting to be parents. 'Friendship' parenting leads to fights between a teen and her mum for the sofa to nurse the hangover, for example *(DCFS, Define 2008 -Youth Drinking)*

Many research projects highlight sharing of fashions and interests – with the increase in fragmented families, parents are also sharing the same sexual health risks, emotional traumas of partner searching and STIs as their teens.

Indeed, it seems a range of the health issues of youth arise from misguided (but well-intended) parenting – indicating precise targeting needs particular thought.



Teens recognise their life to be full of stresses: financial worries, pressure of exams, peers, … some experience family breakdown (in two years' time, there will be more children living with a step-family than with both biological parents *ONS*), multiple house moves, bereavement of parents, and violence in their local area.

There is limited, single-issue counselling for the few. For some, alcohol and drugs have developed a distinct role in stress management for others.

Drugs - smoked or ingested – are particularly trusted as reliable solution. Seen as a reliable fix, they presents a stark contrast to other pastimes like cinema, bowling, swimming which are expensive and uncertain.

For many young people, being asleep is only time when they feel safe and happy. Schools are a challenge in terms of safety. There are issues such as bullying online and offline, weapons, and fights.

Unicef has ranked Britain as the worst place to grow up among 21 UN countries. Overall, Unicef said, it would be better for a child to grow up in Poland or the Czech Republic than here in the UK.

Despite this, in recent work (*Home Office, 2CV 2008 - Teen Road Safety; Home Office, Define 2007 - Youth Knife Crime*), the power of the maternal bond is seen as the strongest emotive device for shifting risk behaviour.

Department of Health

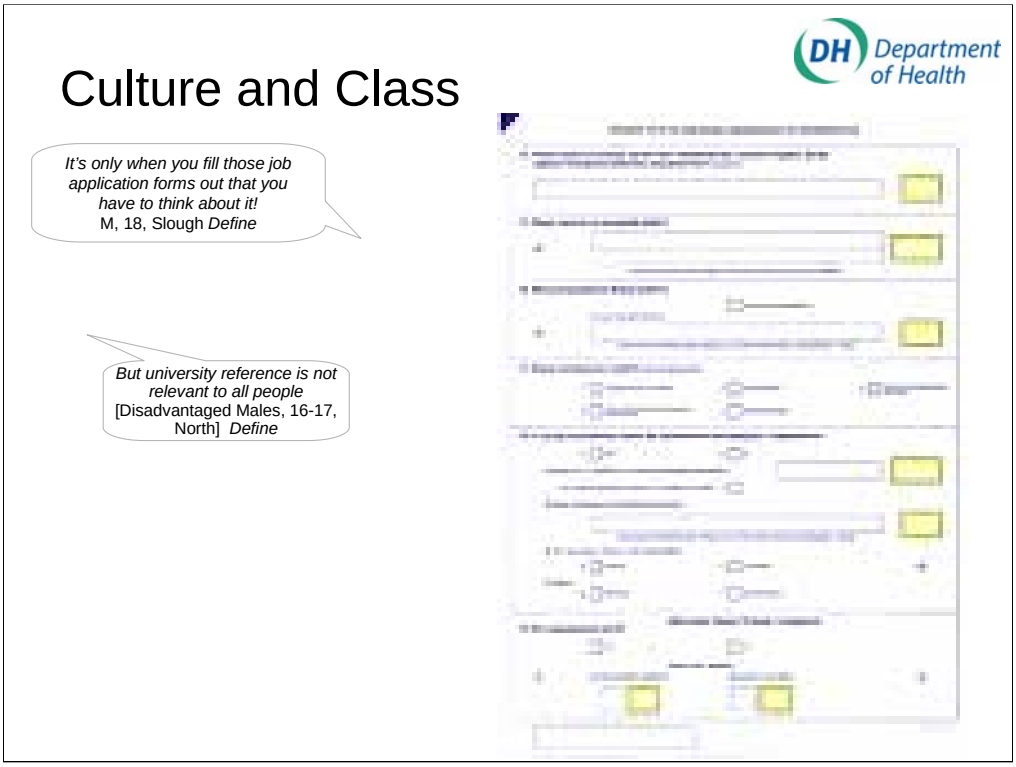
Where do I fit in?

Living in the UK

Culture, class, religion and tradition
Local lives
Partnership and influence

Finally, we return to the impact of social factors on the psychology of the teen.

Understanding the insights that can be drawn from data related to external physical markers such as culture and class – as well as the local environments where they live – helps to see how teens are currently answering the question: Where do I fit in?

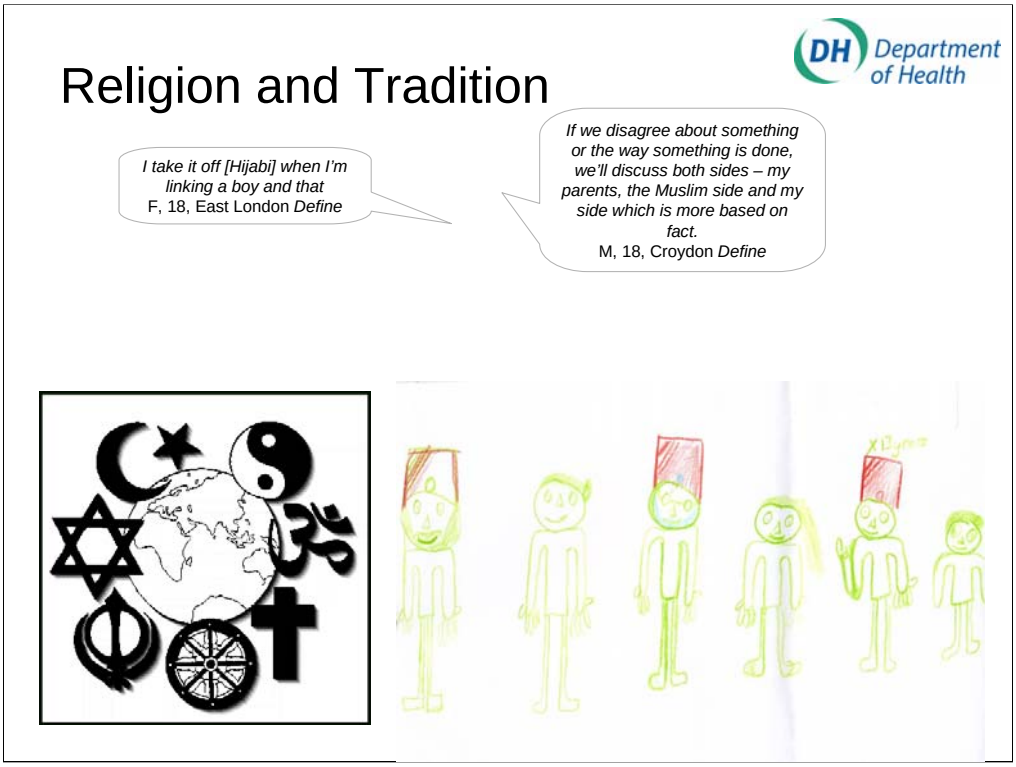


Considering themselves as individuals, teens tend to only think about their position in UK society (as most of us do) when filling in forms. At around Secondary School age, they report an awareness of the multiple identity markers that they are expected to use to define themselves.

One might argue that the expectation of academic achievement is already engrained by the time the young person reaches their teens. It is certainly taken on board by the teen themselves in their own aspirations at this age: "we do/don't go to University in my family" is one very important self-perception which the individual forms from their class and cultural data. The fact is that only 14 per cent of young people from lower income backgrounds go to University, compared with 75 per cent from more advantaged homes. *(Fernstein, Institute of Education, 2002)*

Class and culture are correlated with earning power: ethnic minority groups are over-represented amongst lower income households *(Joseph Rowntree Foundation, 1989 - Race, place and poverty: Ethnic groups and low income distributions).* Income is also correlated with mental health: in families that earn less than £100 a week, 16% of children have mental health problems, whereas in families earning £600 a week or more, only 5% of children have similar problems *(IPPR, 2006 – Whitehall and Westminster World).*

Young people often report that decisions are made on the basis of **belonging -** 'people like me'- and this strongly affects their expectation of success or failure. The role of adults in helping to secure young people with positive class and cultural markers cannot be under-stated.



Religion and tradition, where they are identified by the teen as being of relevance, contribute significantly to health outcomes.

The **protective** aspects of religion and tradition come, for example, where an observant Muslim is not 'allowed' to drink and is thus able to opt out of the peer drinking scene without overtly 'disrespecting' the rest of the peer group. (*DCSF, Define 2008 - Youth Drinking*). In another circumstance, ex-offending Afro-Caribbean teens turning to Christianity find an acceptable path out of street gang connections. *(Home Office, Define 2007 – Youth Knife Crime).*

For all teens, the urge to hide behaviour from parents is strong. However, in balancing religion and tradition with a largely secular Western society, some teens may be more exposed to risk than normal. Some South Asian teen males report driving to other cities to deal drugs, to drink and to have sex. (On unfamiliar turf, they may be more exposed to danger). Some South Asian/Black African females report parental threats of being 'sent back home' if they are sexually active. (They may hide contraceptives with friends for this reason). For both genders, there are barriers to even accessing contraception if their physical identity or their clothes connect them visibly to a specific community with traditional values (whether this is, for example, connected to their faith or even to their nationality e.g. Ghanaian or Somali). *(DH, Define 2008 – Sexual Health Social Marketing)*

The challenge in serving these young people is in understanding how to speak to them: how to emphasise the protective aspects and elements of their faith and tradition without reinforcing those aspects which contribute to problematic health situations.

"Hanging out with mates" is what teenagers do in the UK. In contrast to their European counterparts, they spend far more time with their peers than with adults where they miss out on the development of what are called "soft skills" - the social and personal development which is increasingly vital in a country built around service industry. *(IPPR Report 2006).*

There is an strong sense amongst teenagers that their behaviour is increasingly restricted (hoodies being banned in schools, shop owners banning groups of teens, skateboarding banned in public places etc)

In the absence of many appealing ‘socially sanctioned’ outlets for self-expression, teenagers report feeling frustrated and confined, which in turn, creates an exaggerated desire to behaviour anti-socially (drinking, smoking, grafitti etc).

Many young people report feeling forced into ‘riskier’ situations because they are ushered off safer public spaces by adults and end up in some park with teens much older than themselves doing things they wouldn’t normally do.

Measures to curb ‘social nuisance’ can also compound issues. Awareness of police wanting to confiscate drinks causes teens to drink as fast as possible and smoke cannabis swiftly.

Department of Health

Implications - Connecting with teens

We have covered a wide-ranging territory in terms of the world of the teen – looking at who they are, where they are, how their lives and motivations are linked to health outcomes and risk behaviours.

We are starting to touch on how we might connect with them on their terms but with a positive health agenda.

We have already discussed the positive and negative aspects of the content in the communications channels of teens. The extent to which they 'own' their channels is distinctive and important. Adults are conspicuous by their absence.

Harnessing this medium and the rules around it is a potential route through to acceptable messaging.

Certainly, research around messaging often demonstrates the need for content which at the minimum appears peer-generated or peer-led (even though teens themselves might not be the source of entirely the right content).

'Olders' (just outside the teen boundary) are not out of the equation as messengers and influencers but there are distinct parameters around who (exact age, credentials, and so on) for credibility and interest.

This may be an equally opportune approach for health messaging: for example, with alcohol and drugs.

From the work of both 2CV and Define, it should be concluded that it is impossible to present a definitive study of youth/teens.

As they strive for their identity formation, teens aim to answer the three key questions of What am I? Who am I? Where do I fit in? They are doing so against a current societal backdrop where they are demonised, feared and sanctioned. Youth is appropriated by those outside the teen decade. Role models are dissolving.

Whilst influencing broadcast/news media is incredibly challenging, we would recommend considering the importance of working with the media to widen the lens on teens in the future.

We would suggest that the rules of teen world (as it manifests itself at a given time in our culture) can be used and subverted to good effect in health messaging, and that spokespeople amongst teens themselves should not be ruled out.

However it is important to remember that teens are evolving more quickly than any other generation in an attempt to preserve their psychological stability. A finger on the teen pulse will ensuring that the trends for the latest risk behaviours are picked up and diverted before they become mainstream enough to be visible by the majority of us adults.