# Advertising a 'Healthy Lifestyle': A Cypriot Health Education Project

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# Abstract

This paper describes a health education program entitled 'Young Consumer' project, financed by the European Union and implemented by the Cyprus Consumer Association between March and June 2004. The aim of the project was to promote a healthy lifestyle among a group of Cypriot primary school pupils (11-12 years old). Participants were asked to create video 'advertisements' to promote healthy lifestyles. The advertisements challenged stereotypical perceptions of 'healthy lifestyles' that involve avoidance of pleasurable experiences, and promoted aspects of healthy living specific to young people. Participants projected the benefits of health-related behaviors such as caring about oneself, relaxing, eating fruits, exercising, playing, being creative and cycling as being associated with youth, vitality and health. This paper focuses on the positive aspects of the 'Young Consumer' project, in particular the importance of positive approaches to health, sensitive approaches to young people, valuing participants' experiences and promoting the acquisition of empowering skills.

Key Words: Healthy Lifestyle, Consumer Activities, Young People, Health Education, Cyprus

# Introduction

The idea of 'healthy lifestyle' is a dominant force in disease prevention and health promotion. It is considered a significant factor in the adoption of both 'health-impairing habits' and 'health-protective behaviors and is generally recognized as being centered on four areas of personal behavior: smoking; food intake; alcohol consumption; and participation in physical activity.<sup>1,2</sup>

These four areas are classified within the lifestyle field of health promotion as health-related behaviors and tend to be presented as the key elements in preventing disease and improving health. Yet, as Gottlieb and Green<sup>3</sup> stressed, 'these health practices may be health-related but they are not necessarily health directed' (p.104). An individual's attendance at a gym, for example, may be more directed by aesthetic considerations of body image than by health imperatives.

Health-related behaviors can also be seen as 'consumer' activities in the sense that they are charged with symbolic meanings through the marketing and advertising businesses. 4,5 The term 'consumer' is used here in accordance with the notion of 'consumer culture' as a theoretical orientation. It focuses on the symbolic manifestation of a 'way of life' through commercial products and activities, 6-8 developing a sense of the 'owner/consumer'. Participation in sporting activities, for instance, is found to be related with 'the ideal of being a self-responsible agent' (p.66), 10 drinking beer with masculinity, <sup>11, 12</sup> and smoking with being 'tough', 'sexy' and 'cool'. <sup>13-15</sup> Healthrelated behaviours can be classified as consumer activities alongside many other lifestyle activities, such as choices in clothing or make and model of car, through which an individual can express a way of living and thereby a sense of identity. 6

This paper presents a health education program entitled 'Young Consumer' project, which links two classifications of lifestyle activities as health-related *and* as consumer-related. The aim of the project was to promote healthy living not as a means of preventing disease, but as a broader, consumer-orientated, day-to-day concept through which young people could express their lifestyles. The project was carried out among Cypriot adolescents (11-12 years old) in Nicosia.

The consumer perspective of health-related behaviors is of particular importance for young Cypriots. They

inhabit in a country that has experienced vast economic and consumer development over the last 30 years. The appearance of specially designed shopping centers, introduction of fast-food chains like Macdonald's, Pizza Hut and Kenny Rogers, growth of multinational businesses, access to new technologies such as the internet and e-mail and diversification of products available to consumers are features of the urban development of Nicosia in recent years. The project may also have relevance for young people living in similarly developing or developed countries.

Youth is recognized as a period in person's life in which he or she begins to construct a sense of identity and establish a personal 'style' through the acquisition and use of disparate consumer items, such as clothing, footwear, popular music and sporting activity. <sup>10, 16, 17</sup> Young people have also been found to identify closely with different types of alcoholic drinks <sup>11, 12</sup>, fast-food chains <sup>18, 19</sup>, sports and the 'fitness industry' and smoking campaigns <sup>13</sup> as a means of projecting their individuality.

The 'Young Consumer' project was particularly successful in tapping into the creative and critical abilities of young people. Project participants had the opportunity to think and act beyond the conventional, mechanistic, biomedical perspective of healthy living to associate healthy choices with being young and represent them as being enjoyable. The aims, procedures and outcomes of the 'Young Consumer' project are presented in this paper. The value of the project with respect to health education by focusing on four specific features: positive approaches to health; sensitive approaches to young people; focusing on the participants' experiences; and promoting the acquisition of empowering skills will be discussed.

#### Description of the 'Young Consumer' Project

The 'Young Consumer' project was supported by €5000 funding from the European Union and was organized by the Cyprus Consumer Association. The Cypriot Ministry of Education and Culture, the film studio 'Weaving Mill' and the Cyprus Consumer Association also made contributions, with the Ministry of Education and Culture and 'Weaving Mill' being the main supporters and partners. The project involved participation from 20 pupils (aged 11-12 years) and four teachers from four primary schools. The project ran from April-June 2003.

# Aim of the project

The aim of the project was to promote healthy living to a group of young Cypriots by associating it with youth and enjoyment. The main task of the project was the development of video advertisements by the participants which promoted healthy lifestyles as enjoyable sets of activities. The learning objectives of the project were to:

- recognize that advertising and marketing have a strong influence on people's health-related choices and behaviors;
- share experiences and views regarding the concept of health and healthy lifestyle;
- develop a video advertisement that promotes a healthy lifestyle.

# **Methods**

### Announcement - Initial Competition

Information about the project was distributed to all primary schools in the Nicosia district (103 schools) through regular mail. Each school was invited to encourage a group of five students and a teacher to participate in a competition which involved studying an advertisement chosen by the group and discussing the message it contained. Submitted assignments from the groups were graded according to three criteria: consideration of techniques used in the advertisement to make the message more powerful; uncovering hidden messages and showing appreciation of how the language used in advertising may be misleading; and the overall quality of the submission.

Four primary schools were selected for participation through this process. Three schools were in urban areas of Nicosia and one was rural. Participants of all groups were Greek-Cypriots aged 11-12 years. The project leaders did not seek further personal, demographic or social details from participants (such as family history of diseases and parents' income) in order to ensure a non-threatening ambience.

#### Filming Workshop

The four groups attended a half-day filming workshop on 21 May 2003. The workshop consisted of three parts.

# 1. Activities concerning different kinds of advertisements.

Participants examined audiovisual and printed advertisements in this part of the workshop. They classified advertisements as 'youngish' or 'non-youngish' and as stimulating or not, offering justification for their preferences and commenting on

the main features of some of the advertisements. They also identified the target populations of the advertisements. The last few seconds of audiovisual advertisements were omitted, and participants were asked to guess what was being advertised. Through these activities, participants had the opportunity to recognize how consumer products and services are connected to different lifestyles and personal identities. They also realized that the emphasis was not on the material value of the product being advertised, but rather on the cultural image of the product being projected as promoting a desirable self-and/or lifestyle image.

# 2. Activities concerning health-related issues.

In this part of the workshop, the young people were encouraged to share their views and experiences on the concepts of health and healthy lifestyle. The ultimate goal was to move teachers and pupils from a mechanistic, biomedical orientation towards recognizing interconnected dimensions of health, such as social, spiritual and emotional elements. All participants were encouraged to share their day-to-day experiences to help them understand health as a life resource, and not just as the absence of disease. Activities such as making friends, going on holidays, having a good time with their family, relaxing and expressing opinions were classified as health-promoting behaviors.

# 3. Presentation of the main guidelines for the filming production.

In the final part of the workshop, each group was asked to produce a scenario for an advertisement to promote a positive health message suitable for several audiences. Groups were presented with the main criteria for the advertisement: promote a healthy lifestyle; project a healthy lifestyle as 'youngish', enjoyable and positive, rather than being boring and dominated by instructions about 'you must not...'; approach health-related behaviors through a positive perspective; and address different dimensions of health (social, spiritual, emotional, physical etc).

### Preparing the 'Advertisement'

The groups were given 18 days to complete the development of the 'advertisement'. During this period, they could receive help and guidance through e-mails and visits from the project leaders. The film director was responsible for video recording the advertisement, film editing and conversion to digital format.

#### Presenting the Advertisements

The four advertisements were presented to invited guests on 20 June 2003. Gifts and diplomas were offered to the teachers and pupils who participated in the project and the audience toasted their achievements with fruit juices. The films were then aired on national TV on 27 June and were shown to each of the selected schools in special events during the following school year.

# Results

All four groups managed to produce an advertisement which promoted a healthy lifestyle as an enjoyable, 'youthful' way of living. The selected themes - sedentary life, fruit consumption and leisure time physical activity – are important concerns for Cypriot adolescents. <sup>20, 21</sup>The selection of these topics areas was partly based on their potential for creative presentation to young people in short films. The four film advertisements are described below.

#### School A

The first film aimed at promoting an active lifestyle. Two groups – the greens and the reds – were featured. The greens preferred to follow a sedentary lifestyle (such as coming to school by car, sitting and talking on the mobile telephone during recess). The reds followed an active lifestyle (coming to school by bicycle or on foot, playing, dancing). After a basketball match, the reds encourage the greens to follow their lifestyle.

## School B

This group presented a teenage birthday party that featured a selection of fruits. The party guests listened to music with fruits, danced with fruits and ate a birthday cake made with fruits. The aim was to promote fruit eating as a youthful, lively and enjoyable activity. The impression given was that fruits were a vital part of a successful teenage party.

### School C

The third short film aimed at promoting 'sports for all'. Young people were encouraged through the film to take up a sport as a hobby. The sooner young people took up a sport, the film emphasized, the better it was for their future. Early adoption of a sport was not encouraged as a means of becoming a famous athlete, but as a way of having fun and developing a hobby that young people could take with them into adulthood.

#### School D

The fourth film dealt with the concept of health as defined and understood by the group. The students constructed short theatrical scenes which emphasized that the most important verbs - eat, love, relax, care and play - were associated with health. At the end, all participants created a puzzle with these verbs and in the middle of the puzzle the verb 'live'  $(Z\Omega)$  was written.

Participants, both teachers and pupils, expressed positive responses about their experiences in the project. The teachers were very supportive throughout, expressing their appreciation orally and in writing to the project leaders. The young participants were asked to report their views through a short questionnaire that was distributed at the end of the filming workshop for return during the 20 June presentation. It consisted of one open-ended question ('Please write down your opinion about the project'), to which all expressed excitement about their participation. Examples of responses include: 'It was the best experience I ever had in school'; 'It was sheer joy'; 'We were so happy'; 'I had never been given the chance to create a TV advertisement... It is something that we watch daily'.

The student participants valued the opportunities the project gave them to focus on their experiences and opinions and to use their imagination and creativity. Teachers and project leaders acted as facilitators, supporting them to exchange ideas and produce their own short films.

Some participants remarked that the project encouraged them to think seriously and critically about the role of advertisements in influencing people's choices. Their comments included: 'I liked it when we discussed how an advertisement persuaded us to purchase a product. It is not always the product, but the style of the people that advertise the product that most of the times influence a young person'; 'The filming workshop was full of questions regarding advertisements... why women, why a handsome man, why young people, why famous people? All these questions made me think...'; 'A Healthy lifestyle can be cool.'

Overall, the project leaders did not face any significant problems in planning and implementing the project. All activities were carried out smoothly. There was a minor problem in relation to the time devoted for each activity, with the period allocated for the development of the idea/scenario for each school being relatively short at one week; this was insufficient to allow the ideas to reach full maturity.

Despite the time constraints, however, all planned activities were completed and significant results were achieved.

# Discussion

Health promotion aims to empower individuals to select the 'X,' which is healthy, and reject the 'Y', which is unhealthy. It emphasizes individuals' capacity to act 'rationally', 'logically' and in an 'informed' way to select healthy options. The question is whether participants in the 'Young Consumer' project will now follow a healthy lifestyle. The impact of the project on participants' health-related choices and behaviors cannot be empirically tested due to the project's short duration. Certain features of the project, which are discussed in this section, are nevertheless regarded as valuable strengths in a health-education project targeting young people.

#### Approaching Health-related Behaviors Positively

'Conventional' health education tends to view people's lifestyles as the key element in preventing disease or securing health.<sup>22</sup> 'Well-being' is regarded as an outcome of the absence of disease, which is considered to equate with good health. Within this framework, people are encouraged to follow certain lifestyle activities and avoid others to protect themselves from disease.

Health in the context of health promotion is approached more positively. It is regarded not as 'an absence of disease', but as a 'resource of life'. <sup>23</sup> Health enables the individual to live and enjoy life, rather than merely to guarantee the absence of disease.

The 'Young Consumer' project promoted positive healthy lifestyles by encouraging young participants to produce an 'advertisement' in which healthy activities were depicted as enjoyable day-to-day actions rather than protective measures against disease. None of the advertisements produced by the project teams depicted avoidance of disease as the reason for young people to follow a healthy lifestyle. Eating fruits, playing, dancing, talking to friends, trying a sport or taking up a hobby were presented as stimulating activities associated with being young and being worthy of adoption by young people.

### Targeting Youth with Sensitivity

'Youth', in the context of health promotion, is regarded as a key time in which many people experiment with behaviors that may be detrimental to

their health. <sup>17, 24-26</sup> It is believed that many 'unhealthy' habits evident in young people can become established during their early years and may predispose to patterns of illness in adulthood. <sup>27, 28</sup> Young people are therefore of great interest to health promotion. They are also of great interest to the producers, promoters and retailers of consumer goods. <sup>6, 15, 29-32</sup> Consumer items such as clothing, footwear, popular music and sporting activities promote a sense of identity, and establishing a 'style' appears to represent a very important aspect of young people's lives in consumer-orientated societies. <sup>6, 8, 19, 21</sup>

While the 'Young Consumer' project focused on the importance of promoting a healthy lifestyle to young people, it did not adopt a strict health-promotion orientation. The project offered participants an opportunity to share their views about the significance of health-related activities/products as items of consumption in constructing self- and/or lifestyle images. The project recognized that healthrelated behaviors should be considered among other leisure activities and consumption patterns in young people's personal lives. This orientation reflects sensitivity to and understanding of the importance of voung people's everyday life, and explains why health-damaging behaviors (such as smoking) were not selected by participants as topics for their films. although it could be argued, of course, that all four films are anti-smoking 'advertisements', since they promote a youthful lifestyle associated with eating fruits, taking part in physical activity, making friends and being happy, with smoking nowhere to be seen!

### Starting from the Participants' Views

Isolated interventions which are perceived by people they target to with little relevance to their lives are weak health promotion interventions.<sup>33, 34</sup> To be responsive and relevant to people's needs, health promotion interventions should be grounded in what young people say and how they frame their actions.<sup>22, 23, 35, 36</sup> As the WHO notes: 'Unless the individual sees some match between their self-definition and the attributes/behaviors portrayed, he/she will see interventions as irrelevant to them personally (p.34)'.<sup>22</sup>

The 'Young Consumer' project applied this principle by focusing its energies on young people's interpretations of a healthy lifestyle in relation to their day-to-day lives. The project gave participants the opportunity to elaborate their perceptions of health and health-related behaviors. The decision on which health-related activities to include in their

'advertisements' was theirs alone, and they all chose to focus on activities which featured healthy lifestyles within the context of everyday routines. As was described above, participants expressed satisfaction about their opinions being taken seriously. By concentrating on the young participants' meaningmaking process and their day-to-day experiences, the project managed to smoothly interconnect health with a youthful lifestyle.

# Reinforcing the Acquisition of Empowering Skills

Health promotion aspirations are about facilitating healthy choices by providing people with empowering competences.<sup>37</sup> 'Giving a voice' to young people in relation to health and health behaviours is critical in 'facilitating' rather than 'coercing' a healthy choice by providing people with empowering skills and support.<sup>16,26</sup> As stated by Tones<sup>22</sup> 'the main modus operandi of health promotion is one of enabling not coercing; the focus should be on co-operation rather than on compliance'. (p. 34) Health promotion is predicated on the potential capacity of individuals to be empowered towards a healthy choice, a position which acknowledges a degree of agency for the individuals involved.<sup>38-41</sup>

Recognising the empowering capacities of young people is of particular importance in Cyprus. The common perception in the country is of young people as passive consumers who are more vulnerable and more inclined to the vagaries of fashion than adults.42 The culture of compliance remains dominant in the development of health education projects in Cyprus. with few attempts to give a voice to young Cypriots, who consequently become marginalized. Young people are often 'faceless', presented merely as numerical data, empty vessels to be 'filled up' with health advice such as 'don't smoke, don't dare to try drugs because you will become addicted, don't drink and don't eat that but do eat this'. TV programmes that cast a critical perspective on young people's health-related behaviours are very rare, and the lay press deals with health in a very conventional way by highlighting, for example, the problem of obese children as an artefact of Cypriot culture.

The 'Young Consumer' project attempted to reinforce the capacity of young people to act intentionally and to choose certain forms of consumption (within restrictions). It focused on the participants' viewpoints and experiences. Participants were stimulated to critically discuss prevailing images and social stereotypes projected through advertising. Everyone had the opportunity to share their opinions about the role of advertisements in

their lives. The filming workshop did not view the young participants as passive 'victims' of advertising, but rather saw them as reflective individuals; the workshop built on the abilities, imagination and agency of young people. As a consequence, participants remarked on how the project enabled them to recognise the persuasive power of advertising.

#### **Conclusions**

The main task of the project, described in this paper, was the development of an advertisement that would project health-related behaviours as a stylish and enjoyable lifestyle for young people. Participants exhibited healthy behaviours such as caring for others, relaxing, eating fruits, exercising, playing, creating and going to school by bicycle. Their motivation for this was not to protect themselves from disease, but to develop a means of living happily as young people. The paper has discussed the significance of the project, which was predicated on young people's experiences and meaning-making processes. The process of finalizing the project allowed space for critical and reflective thinking on health education interventions for young people below.

Health education interventions need to acknowledge symbiotic relationship with the experiences and meaning-making processes of young people as a target population. They should be focused on the way young people interpret and experience events and situations in relation to health-related behaviors. An approach like this plays down the role of health educator as an 'expert' in young people's lives and seeks to incorporate and acknowledge the voices, perceptions and perspectives of young people whose life and health is at stake.

A starting point for health promotion interventions is to ask the target population to reflect on themes or issues related to their day-to-day lives. In the 'Young Consumer' project, young people's voices and everyday lives were central. Participants were asked to use their imagination and creative skills in developing the advertisement, enabling them to explore and discuss their opinions, ideas and experiences and increasing their critical consciousness about consumer mechanisms that underlie personal experience in relation to health. This approach is based on the assertion that 'health promotion's primary concern should be with helping people to gain control over their lives and their health' (p.3). 43

# References

- Conner M, Norman P. Predicting Health Behaviour. Philadelphia: Open University Press; 1996
- Ewles L, Simnett I. Promoting Health: A Practical Guide. London: Scutari Press; 1995
- 3. Gottlieb NH, Green LW. (1984). Life events, social network, life-style and health: an analysis of the 1979 national survey of personal health practices and consequences. *Health Educ Quart*, 1984; 11: 91-105.
- Lupton D. The Imperative of Health, Public Health and the Regulated Body. London: Sage Publications; 1995.
- Bunton R, Burrows R. Consumption and health in the 'epidemiological' clinic of late modern medicine. In Bunton R, Nettleton S, Burrows R eds. In: The Sociology of Health Promotion, Critical Analysis of Consumption, Lifestyle and Risk. London: Routledge; 1995: 206-222.
- 6. Miles S. Consumerism as a Way of Life. London: Sage Publications; 1998.
- 7. Bocock R. Consumption and lifestyles. In R. Bocock and K. Thompson (Eds.), Social and Cultural Forms of Modernity. Cambridge, Oxford: Blackwell and Polity Press; 1992.
- 8. Bocock R. Consumption. London: Routledge; 1993.
- Featherstone M. Consumer Culture and Postmodernism, Theory, Culture and Society. London: Sage Publications; 1991.
- 10. Rantala K, Lehtonen T-K. (2001). Dancing on the tightrope: everyday aesthetics in the practices of shopping, gym exercise and art making. *Eur J Cult Stud*, 2001; 4: 63-83.
- 11. Gough B, Edwards G. The beer talking: four lads, a carry out and the reproduction of masculinities. *Social Rev.* 1998; 46: 409-435.
- 12. Barr A. Drink. London: Bantam Press; 1995
- 13. Gray D, Amos A, Currie C. Exploring young people's perceptions of smoking images in youth magazines. *Health Educ Res. Theory and Practice*. 1996; 11: 215-230.
- 14. Allbutt H, Amos A, Cunningham-Burley S. The social image of smoking among young people in Scotland. *Health Educ Res. Theory and Practice*. 1995; 10: 443-454.

- 15. Amos A, Gray D, Currie C, Elton R. Healthy or druggy? Self-image, ideal image and smoking behaviour among young people. *Soc Sci Med.* 1997; 45: 847-858.
- Barker C. Cultural Studies: Theory and Practice. London, Thousand Oak, New Delhi: Sage Publications; 2000.
- 17. Coleman J. The Nature of Adolescence. London: Routledge; 1999.
- 18. Lupton, D. Food, the Body and the Self. London: Sage Publications; 1996.
- Warde, A. Eating Out: Social Differentiation, Consumption and Pleasure. Cambridge, New York: Cambridge University Press; 2000.
- 20. Savvas CS, Chadjigeorgiou Ch, Hatzis Ch, Kyriakakis M, Tsimbinos G, Tornaritis M, Kafatos A. Association of adipose tissue arachidonic acid content with BMI and overweight status in children from Cyprus and Crete. *Brit J of Nutr.* 2004; 91: 643-649.
- 21. Savvas CS, Kourides Y, Tornaritis M, Epiphaniou-Savva M, Chadjigeorgiou C, Kafatos A. Obesity in children and adolescents in Cyprus. Prevalence and predisposing factors. *Int J Obes.* 2002; 26: 1036-1045.
- 22. Tones K, Tilford S. Health Promotion effectiveness, efficiency and equity. Cheltenham, Nelson Thornes; 2001.
- World Health Organisation Health Promotion: A
  Discussion Document on the Concepts and
  Principles. WHO Regional Office for Europe,
  Copenhagen; 1984.
- 24. Pavis S, Burley SC, Amos A. Health-related behavioural change in context: young people in transition. *Soc Sci Med.* 1998; 47: 1407-1418.
- 25. Heaven, P. Adolescent Health. London and New York: Routledge; 1996.
- 26. Hicks C, Spurgeon P, Stubbington J. The importance of psycho-social variables in changing attitudes and behaviour. *Health Educ J*. 1988; 47: 15-17.
- 27. Shucksmith J, Hendry LB. Health issues and adolescents: growing up, speaking out. London: Routledge; 1998.
- 28. Arnold P. Health promotion and the movement curriculum. *Health Educ J.* 1991; 50: 123-128.
- 29. Barker C. Cultural Studies: Theory and Practice. London, Thousand Oak, New Delhi: Sage Publications; 2000.

- 30. Miles S. 'You just wear what you want don't yer?' An empirical examination of the relationship between youth consumption and the construction of identity'. Unpublished PhD thesis, University of Huddersfield; 1997.
- 31. Willis P. Common Culture. Milton Keynes: Open University Press; 1990.
- 32. Mackay H. Consumption and Everyday life. London, Thousand Oaks, New Delhi: Sage Publications; 1997.
- 33. Stockdale JE. Health promotion for children and young people: some social psychological perspectives. In Health Education Authority Expert Working Group chaired by Moore, LH eds. In: Promoting the Health of Children and Young People Setting a Research Agenda. London: Health Education Authority; 1998: 33-35.
- 34. Moore HL, Kindness L. Establishing a research agenda for the health and wellbeing of children and young people in the context of health promotion. In Health Education Authority Expert Working Group chaired by Moore HL, eds. In: Promoting the Health of Children and Young People Setting a Research Agenda. London: Health Education Authority; 1998: 1-17.
- 35. Brannen J, Storey P. (1998). Health promotion for children and young people in a changing world. In Health Education Authority Expert Working Group chaired by Henrietta L. Moore eds. In: Promoting the Health of Children and Young People Setting a Research Agenda. London: Health Education Authority; 1998: 44-51.
- 36. Weare K. The contribution of education to health promotion. In R. Bunton and G. Macdonald eds. In: Health Promotion: Disciplines and Diversity. London: Routledge; 1992.
- Tones K. Health education as empowerment. In M. Sidell, L. Jones, J. Katz and A. Peberdy eds. In: Debates and Dilemmas in Promoting Health. London: Macmillan Press Ltd; 1997.
- 38. Rugkasa J, Kennedy O, Barton M, Abaunza PS, Treacy MP, Knox B. Smoking and symbolism: children, communication and cigarettes. *Health Educ Res: Theory and Practice*. 2001; 16: 131-142.
- 39. Morrow V. If you were a teacher, it would be harder to talk to you: reflections on qualitative research with children in school. *Inter J of Soc Res Meth.* 1999: 1: 297-313.

- Morrow V. Using qualitative methods to elicit young people's perspectives on their environments: some ideas for community health initiatives. *Health Educ Res.* 2001a;16: 255-268.
- 41. Morrow V. Networks and Neighbourhoods: Children and Young People's Perspectives. Social Capital for Health Series. London: Health Development Agency; 2001b.
- 42. Nava M. Changing Cultures Feminism, Youth and Consumerism. London, Newbury Park, New Delhi: Sage Publications; 1992.
- 43. Tones K. Health promotion: the empowerment imperative. In Scriven A and Orme J eds. In: Health Promotion: Professional Perspectives. Basingstoke: Palgrave in association with The Open University; 2001.